INCLUSIONARY HOUSING APPLICATION

Submission Date: _____

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____ **Cell Phone:** _____

Email: _____ **Website:** _____

Property Owner Name: _____

Property Owner Address: _____

Property Owner Phone: _____ **Cell Phone:** _____

Email: _____ **Website:** _____

Project Name: _____

Project Address: _____

Parcel Identification Number (PIN): _____

Project Type: ☐ **New Construction**

☐ **Conversion/Addition of Residential Units**

☐ **Reconfiguration of Residential Units (change in # of bedrooms)**

Project Located in: ☐ **Downtown or RP Zoning District:** _____

☐ **All other Zoning Districts:** _____

Project Description: _____

_____

_____

Inclusionary Housing Compliance*: ☐ **On-site Units**

☐ **Fee in Lieu**

*If a project requires special zoning (i.e. variances, allowances, Planned Development) a minimum of 5% of the total units are required to be Inclusionary Housing units, with the exception of for-sale units.

Project Funding Type: ☐ **Private**

☐ **Public**

List all sources of government assistance (Federal, State, Local), including TIF, LIHTC, bond financing, public grants, land disposition programs, etc.:

_____

_____

Inclusionary Units: ☐ **Rental**   **Market Rate Units:** ☐ **Rental**

☐ **For Sale**   ☐ **For Sale**

Residential Units

	Total Units	Inclusionary Units
Studio		
1 Bedroom		
2 Bedroom		
3 Bedroom		
4 Bedroom		

Unit Square Footage

	Market Rate Units	Inclusionary Units
Studio		
1 Bedroom		
2 Bedroom		
3 Bedroom		
4 Bedroom		

Describe the location and size of each Inclusionary Housing unit in the development:

_____

_____

Pricing Schedule – Market Rate Units (Estimated Sale Price or Monthly Rent)

	Sale Price	Monthly Rent
Studio		
1 Bedroom		
2 Bedroom		
3 Bedroom		
4 Bedroom		

On-site Inclusionary Rental Units

	Units at or < 60% AMI	
	Number	Monthly Rent
Studio		
1 Bedroom		
2 Bedroom		
3 Bedroom		

On-site Inclusionary For Sale Units

	Units at or < 100% AMI	
	Number	Sale Price
Studio		
1 Bedroom		
2 Bedroom		
3 Bedroom		

Development in Downtown or Research Park Zoning Districts:

Rental In-Lieu Fee: $209,195   x   _____ (total units*)   = $_____

For-Sale In-Lieu Fee: $313,792 ($209,195 x 1.5) x   _____ (total units*)   = $_____

Development in all other districts:

Rental In-Lieu Fee: $179,310   x   _____ (total units*)   = $_____

For-Sale In-Lieu Fee: $268,964 ($179,310 x 1.5) x   _____ (total units*)   = $_____

*If the percentage of units results in a fractional number, if 0.5 or greater, it rounds up to an on-site unit or full fee-in-lieu. If under 0.5, there is no on-site unit requirement and one-half the fee-in-lieu is paid. For example, 10% of 45 units is 4.5. This would round up to 5 on-site units or the per-unit fee-in-lieu x 5. If 5% of the units were provided on-site, the requirement would be 2.25 on-site units, which would round down to 2 on-site units and a fee-in-lieu would be required for one half the per-unit fee. The fee-in-lieu for the remaining 5%, or 2.25 units, would be the per-unit fee-in-lieu x 2.5.

If construction will be phased, provide a construction schedule for market rate and Inclusionary units:

_____

_____

_____

☐ **The developer proposes to meet the Inclusionary Housing Ordinance requirements through the attached alternative equivalent action.** (*The proposal must show that the alternative proposed will increase affordable housing opportunities in the City to an equal or greater extent than compliance with the express requirements of Inclusionary Housing Ordinance).*

For further information visit the Inclusionary Housing webpage**.**

I certify that the above information is true and correct:

Print Name: _____   Position/Title: _____

Signature: _____   Date: _____

Submit this application (concurrently with the Zoning Analysis application) to:

zoning@cityofevanston.org